Reg. Dist. No.

		v					
1. PLACE OF DEATH o. COUNT Dorchest	er	MARYLAND	II o STATE	h 0	WILLIAM V		ission)
b. CITY OR TOWN (If outsid RURAL and give peared to Cambrid	de carporate limits, wri own) Ige, Md.e	Life			, write RURAL and	d give nearest to	wn)
o. COUNT Or chester b. CITY OR TOWN III durisde corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN III durisde corporate limits, write la CLENGTH OF STAY IN 1b c. CITY OR TOWN III durisde comporate limits, write la CLENGTH OF STAY IN 1b c. CITY OR TOWN III durisde c. LENGTH OF STAY IN 1b c. CITY OR TOWN III durisde c. LENGTH OF STAY IN 1b c. CITY OR TOWN III durisde c. LENGTH OF STAY IN 1b c. CITY OR TOWN III durisde c. LENGTH OF STAY IN 1b c. CITY OR TOWN III durisde c. LENGTH OF STAY IN 1b c. CITY OR TOWN III durisde c. CITY OR TOWN III dur		achblossom	, Ave	ON	A FARM?		
DECEASED			****	4. DATE OF DEATH	Month	0ey 19	Year 19 59
Male W	hite win	OWED DIVORCED	7/24/1889	781 bir			4
Route Salesm	ve kind of work dane a, even if retired) IAN	Route Salesman			12. C	U.S.A.	AT COUNTRY
	ms						
IS. WAS DECEASED EVER IN U	. S. ARMED FORCES?			eral Servi	Address .ce, Camb	oridge,	Md.
PART I. DEATH WA	DUE TO DUE TO DUE TO DUE TO DUE TO	arcino (c).	ma le rimary	jer		HM	DEATH
PART II. OTHER SIG	5			10 1		PERI	ORMED?
20c. TIME OF INJURY Mo	inth, Day, Year 20	hile Not while fa	ACE OF INJURY (Home, farm chary, street, office bidg., elc.	20f. (City or laws)	ieal,	County)	(Stote)
actual SIGNATURE PHYSICIAN'S NAME (Type)	19 750 4.HAN	esq., and that death	mo. 1044 CAR	M, from the co	ouses and an or town, plate)	the date sta	pate signe
b. COUNT DOT Chester b. COUNT OR TOWN If during corporate limits, write b. CITY OR TOWN If during limits, write b. CASH OANT b. DATE OR TOWN b. CASH OR TOWN b. SARET ADDRESS VS. DATE OF BATH b. DATE OR DATE b. COUNTS OR TOWN b. SARET ADDRESS D. ACCIDENT WAS UNDERLY COUNTS OR TOWN b. DATE OF BATH b. CASH WAS COUNTS b. CALLS COUNTS							
23. FUNERAL DIRECTOR'S SIGN					b. REGISTRAR'S S		

may be retain. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certifical has been signed by the ottending physician and completely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in ony event within 72 hours ofter death.

death. Page

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

VS A1S (4) 15M 9/55

TO HOSPITAL O

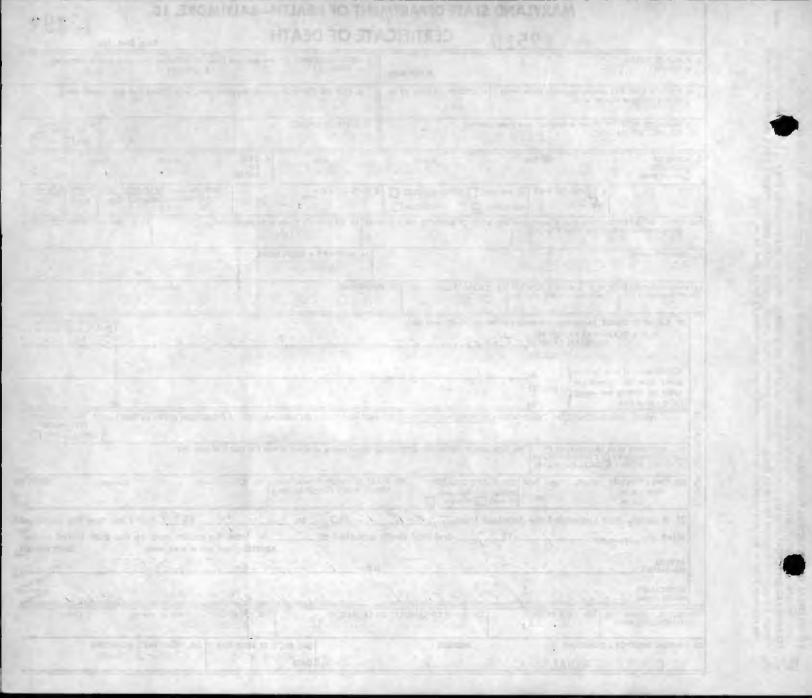
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TO HOSPITAL OF TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou	moy be retained the haspital or attending physicion.	ed		
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VS A1S (4) 15M 9/55

13.	125	() CERTIFICA	ATE OF DEATH			Reg. Dis	st. No.	
o. DOMUHES	TER	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAN	ere deceased li	ved. If instituti b. COUNTY			lmission)
b. CITY OR TOW	N (If outside carporote limits, w phearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF on		e limits, write R	URAL and g	give nearest	town)
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, give s ON 809 MARYLAND	The second secon	d. STREET ADDRESS MARYL	AND AV	E	- 10	e. IS O YE	RESIDENCE N A FARMS
3. NAME OF DECEASED (Type or print)	KATE	CHRISTOPI	er bradley	4. DATE OF DEATH	NÖV	th •	9 Day	Year 19
5. SEX FMALE	1400631116	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH MARCH 27, 18	376	AGE (In years Pag birthday) yrs.	IF UNDER Months	1 YEAR IF U	INDER 24 HRS. Urs Min.
MOUSE of	ATION (Give kind of work done working tife, even if retired)	106. KIND OF BUSINESS OR INDUS	MARYLAN		itry)	12. CIT		HAT COUNTR
13. FATHER'S NAME ROBERT	CHRISTOPHER		14. MOTHER'S MAIDEN NA CARHERINE		ISTOPHE	R		
15. WAS DECEASED	EVER IN U. S. ARMED FORCEST		ROBERT PARHAM	I CA	Add MB RI DGE		RYLANI)
154)		Alpina	toma of	re	du	'n		L BETWEEN ND DEATH
PART I. 154) Conditions, is gove rise to code (a), state lying cause to	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO if ony, which o immediate ing the under- ost. (c)	Alpina	tases	VAL DISEASE C	ONDITION GIV	/27 /EN IN PART	ONSET A	ND DEATH
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PART I. Conditions, is gave rise to codes (a), stool lying couse to lying couse	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO If any, which o immediate ing the under obst. OTHER SIGNIFICANT CONDITION WAS UNDERLYING [1] 206 ING [1] CAUSE OF DEATH IIFY MEDICAL EXAMINER) IJURY Month, Day, Year of that I attended the decent of the condition of the condit of the condition of the condition of the condition of the condi	DESCRIBE HOW INJURY OCCURRED While Not while of work of the death J. Burdette J. Burdette	NOT RELATED TO THE TERMINO. (Enter noture of injury in Prototy, street, office bldg., etc.) 10, 1958, ta forcurred at 2 forcu	20f. (City or) 20f. (City or) M, fram 1 ADDRESS (Street)	town) 1955 the causes on, city or lown,	(c) (that I I state)	T 1(a) 19. W PE YES	AS AUTOPSY REFORMED? (State) (State) AS AUTOPSY REFORMED? (State)
PART I. Conditions, in gove rise to cottle (a), stot lying cause le Part II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT 20c. TIME OF IN Hour a. p. 21. I certify alive an ACTUAL SIGNATURE	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO If ony, which or immediate ing the under- sit. OTHER SIGNIFICANT CONDITION WAS UNDERLYING [1] WAS UNDERL	ONS CONTRIBUTING TO DEATH SUT DESCRIBE HOW INJURY OCCURRED While Not while of work of the work of th	NOT RELATED TO THE TERMINO. (Enter nature of injury in Protory, street, office bldg., etc.) 1953, ta occurred at 2 M.D	20f. (City or Mr. from 1 DDRESS (Street	of item 18.) town) 19.55 the causes of city or lawn, NICity, town, RIDGE	(c) (that I I state)	T 1(a) 19. W PE YES	AS AUTOPSY REFORMED? (State)



CERTIFICATE OF DEATH

12500

	2.770		<u> </u>			<u> </u>				Reg. [Dist. No	•	
1. PLACE OF DEATH o. COUNTY DORCH	ESTER		MAR	YLAND	2. U	SUAL RESIDENCE. STATE	(Whe	re deceased	lived. If instit b. COUN	ORCHES	STER	re odmis	sian)
B. CITY OR TOWN RURAL SING SING. HUDSON	(If outside corporate limits, nearest tawn)	write	c. LENGTH OF STATE	r IN 16		CITY OR TOWN	(If ou	MBRID	ote limits, write	RURAL one	give ne	arest low	n)
d. NAME OF HOSP OR INSTITUTION R F D	TTAL (If not in hospital, give CAMBRIDGE	e street o	oddress)	4	1.	L STREET ADDRESS HUDSON	S						HNO D
3. NAME OF DECEASED (Type or print)	First WILLIE		Middle S.		DAI]	Lost		4. DATE OF DEATH	NOV.	anth	De	ıy	Yeor 19 59
5. SEX MALE	T. AT T W. P. T.	7. MARR	D DIVORC	-		TE OF BIRTH	188	3	9. AGE (In year lost birthdoy 75 y	Months	R 1 YEAR Days	IF UND Hours	ER 24 HRS. Min.
10a. USUAL OCCUPAT during most of wo FARMER	ION (Give kind at work do trking life, even if retired)	10b.	FARMING	OR INDU	JSTRY	11. BIRTHPLACE (S MARYI			ountry)	12, 0	U S		COUNTRY
13. FATHER'S NAME			100		14.	MOTHER'S MAIDE	EN N/	AME					
WILLIAM	DAIL					MARY	(KEYES					
15. WAS DECEASED EV (Yes, no. or unknown) NO	/ER IN U. S. ARMED FORCI (If yes, give wor or dates of serv	denie	social security no 6 02 6847	0. 17.	INFOR	WILLE	D.	AIL R		ddress CAMBRI	DGE	MAF	CYLAND
	EATH [Enler only one course EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		e for (o). (b), and (c)).]							ON	ERVAL BI	DEATH
Canditions, if gave rise to cotte (a), stating lying cause last	g the <u>under-</u> DUE TO	Ca	rcinoma o	f th	• p:	rostate						mor	ths_
ICATIC	THER SIGNIFICANT COND Diabetes me	llit	us (6 year	rs)						GIVEN IN PA	RT 1(0) 1	PERFC	AUTOPSY PRMED? NO 1
min the	AS UNDERLYING [] 2 G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	:06. DESC	CRIBE HÓW INJURY (OCCURRE	ED. (Ent	er nature of injury	y in Po	art I ar Port	II of item 16.)				
Y 20c. TIME OF INJU Hour a. m. p. m.	10	20d. IN While of work	Not while of work	20e. Pt	LACE Co	F INJURY (Home, street, affice bldg.,	form, , elc.)	20f. (City	or town)		(County)		(Stote)
21, I certify	that I attended the a	decease	ed fram 6-	5-59		, 19, to_		11-1	1-59 19	that	last so	w the	deceased
alive an	11-9-59	, 12	and tha	t death	h occ	urred at					the da	te stat	ed abave.
ACTUAL SIGNATURE	Eldridge	81	4. Wolf	4	M.D.	15 Loc			est, city or law		çe, N		ATE SIGNED
PHYSICIAN'S NAME (Type)	Eldridge H	. Wo	1ff, M.b.										
220. BURIAL, CREMATI			DORCHES			MORIAL PA	ARK	CAI	ION (City, town		LANI	(\$1ol	e)
23. FUNERAL DIRECTO	TE FUNERAL S	ERVI	CE CAMBI	RIDG	E I	MARYLA ND	REC'D	N PEGIST	PAR 59 24b. RE	GISTRAR'S S	IGNATU		

may be retained. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. death. Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OF

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VS A15 (4) 15M 9/55

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VS. A15ME(5) SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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> VS. A15ME(5) 5M 9/55

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VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12513 **CERTIFICATE OF DEATH**

12502

	,				Keg. Dist. I	40.	
PLACE OF DEATH O DOUNTHESTER	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAN					ion)
b. CITY OR TOWN (If outside corporate limits, write	2 DAYS			mils, write RU	RAL and give	nearest tow	n)
		d. street address RACE ST	REET			e. IS RES	SIDENCE FARM? NO 7
NAME OF DECEASED (Type or print) GRAC E	Middle C .	HUGHLETT	4. DATE OF DEATH			7	Year 19 59
		8. DATE OF BIRTH DEC. 26, 1881	9. AG				ER 24 HRS Min
Do. USUAL OCCUPATION (Give kind of work done 10b. It is the property of the pr	OWN HOME				12. CITIZEN	USA	COUNTRY?
CHARLES CONNON							
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S			CAMBR			ND	
PART I. DEATH WAS CAUSED BY:	for (o), (b), and (c).	elufan I					
420, 1 DUE TO	sterio sele	ter CI	10			-yr)
gave rise to immediate cosse (a), stating the under lying cause last.						V	
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVE	N IN PART I(o	PERFC	AUTOPSY PRMED? NO DR
	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Po	art I ar Part II of	item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 work at work	Not while fac	ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	20f. (City or to	wn)	(Caun	ly)	(State)
		, 1957, to 1	/- 7	. 19 57	that I last	saw the	deceased
TUAL TONS						D/	ATE SIGNED
PHYSICIAN'S NAME (Type)		***************************************		0			
20. BUR AL CREMATION. 22h DATE THEREOF 1959	22c. NAME OF CEMETERY O	R.CREMATORY	EASTON	City, town, or	KYLAMD	(Stat	e)
	ADDRESS E CAMBRIDGE	TAR A TO TEN A DETAIL				d	
Admin a law and a second and a second a	DESCRIPTION OF TOWN (If outside corporate limits, write AURACIA FINE THROUGH THE STER) b. CITY OR TOWN (If outside corporate limits, write AURACIA FINE THROUGH THROU	DEDINIVHESTER b. CITY OR TOWN (If outside corporate limits, write RARASTE FIGURATION) c. LENGTH OF STAY IN 1b 2 DAYS d. NAME OF HOSPITAL (If not in hospital, give street address) CRINERHITOR: MARYLAND HOSP. d. NAME OF DECEASED INDICATE C. Middle C. Middle	PLACE OF DEATH O DOPNUMESTER CITY OF TOWN (If outlide corporate limits, write of STAY IN 16 CAMERITOR) CITY OF TOWN (If outlide corporate limits, write of STAY IN 16 CAMERITOR) CAMERITOR OF MARYLAND HOSP. CAMERITOR OF STAY IN 16 CAMERITO	PLACE OF DEATH DECITY OR TOWN (If outside corporate limits, write DECITY OR TOWN (If outside corporate limits, write CAMPBRIDGE DECITY OR TOWN (If outside corporate limits, write CAMPBRIDGE DECAMBRIDGE DECA	PLACE OF DEATH O BORNOTESTER MARYLAND LOTY OF SOWN (III outside corporate limits, write of 2 DAYS LOTY OF SOWN (III outside corporate limits, write outside corporate limits outside corporate limits outside corporate limits outside corporate limits outside cor	PLACE OF DEATH POPUMENTER MARYLAND D. CHYOF TOWN (It coulde corporate limits, write c. LENGTH OF STAY IN 10 CAMBRITED DESCRIPTION (It coulde corporate limits, write c. LENGTH OF STAY IN 10 CAMBRITED DESCRIPTION (It coulde corporate limits, write and deep CAMBRITED DESCRIPTION (It coulde corporate limits, write RURAL and give CAMBRITED DESCRIPTION (It coulde corporate limits, write RURAL and give CAMBRITED DESCRIPTION (It coulde corporate limits, write RURAL and give CAMBRITED DESCRIPTION (It coulde corporate limits, write RURAL and give CAMBRITED DESCRIPTION (It could be corporate limits, write RURAL and give CAMBRITED DESCRIPTION (It could be corporate limits, write RURAL and give CAMBRITED DESCRIPTION (It could be corporate limits, write RURAL and give CAMBRITED DESCRIPTION (It could be corporate limits, write RURAL and DESCRIPTION (It could be compared by the could be compared	PART OF DEATH DEPUTIES TERM MARTIAND 2. USUAL RESIDENCE (Where decreased lived. It imitivation: Residence below admining the property of th





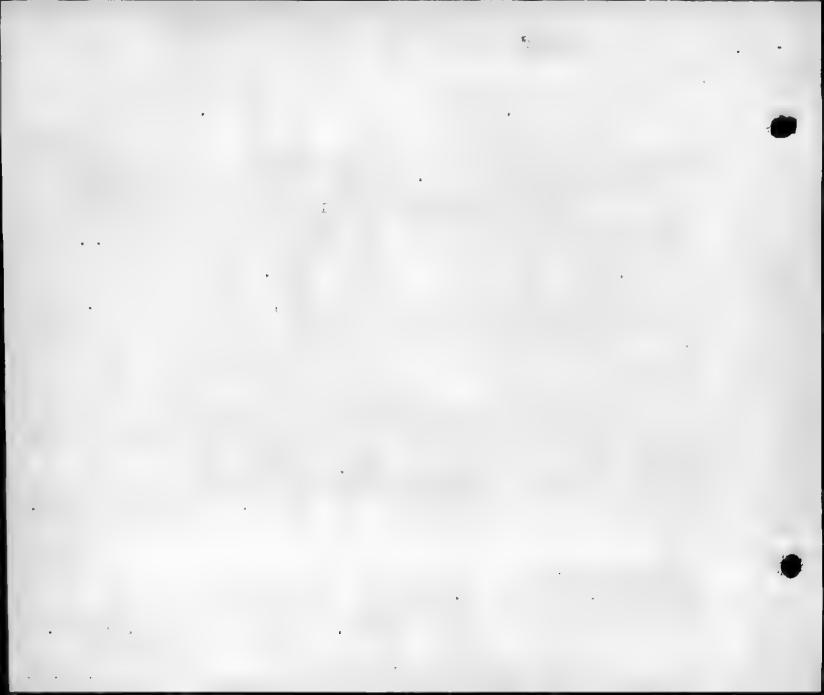
TO DEPUTY M. CAE EXAMINER: This mentified though the percent within 24 hours ofter death. If any delay is sessary, please execute the certain of writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct Pages 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

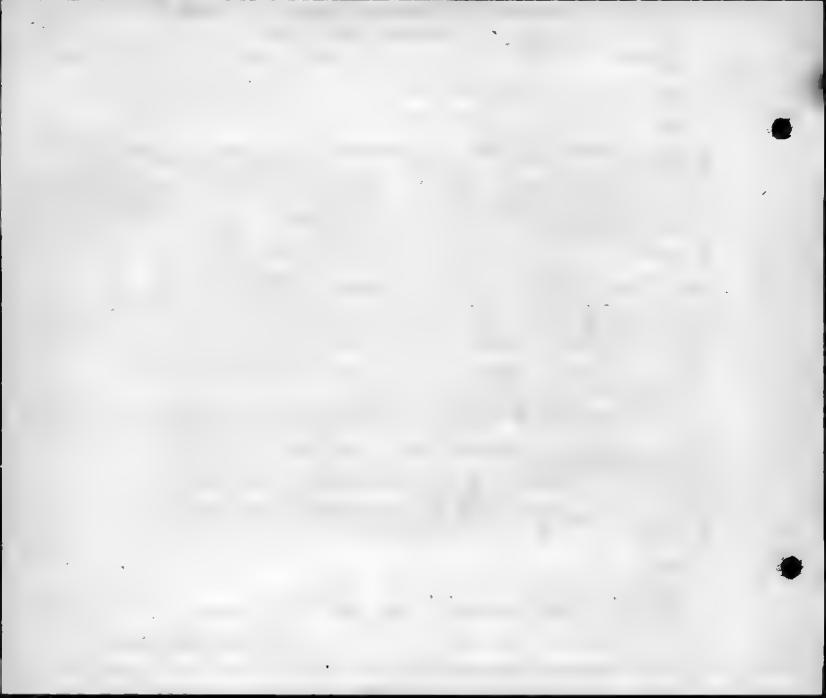
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian.

VS. ATSME(5) SM 9/55

or remayal.

			1259%							Reg. Dis	t, No.		
	1, 1	PLACE OF DEATH				1	. USUAL RESIDENCE (W		sed lived. If instituti	on: Residen	ce befor	e admissi	on)
	· °	orc	hester		MARYLA	ND	o. STATE Maryla	and	b. COUNTY	Dor	ches	ter	
	b	. CITY OR TOWN (If ond give necres) town)	outside corporate limits, writ-	e RURAL	c. LENGTH OF STAY IN	Ъ	c. CITY OR TOWN (IF	outside cor	porate limits, write R	URAL and	give neo	rest town)
		Gol		Md.	Life		Golden	Hill,	Md.				
. /	- 4	I. NAME OF HOSPITA	AL OR INSTITUTION (If not in ho	spital, give street address)		d. STREET ADDRESS				1	ON A	DENCE
Х		None					/ None					YES 🛆	но 🔲
	3. [NAME OF DECEASED	Fir	si [†]	Middle		Last	4. DATE	Month		Day	Yee	r
		Type or print)	Ea	rle	R.	Ke	eene	OF DEATH	11		18	19	59
	S. \$	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	-1	ATE OF BIRTH		I had been been a	FUNDER 1		UNDER	
]	Male	White	WIDOWI	D DIVORCED		5/22/ 1 883		76 yrs.	Months D	αγι Ι	lours A	Ain.
	10a	USUAL OCCUPATION	ON (Give kind of work g life, even if retired)	dane 10b.	KIND OF BUSINESS OR INC	USTRY			country)	12. CITIZ			DUNTRY?
		Farmer			Farmer		Marylar	nd		l 0	.S.A	Lo	
		FATHER'S NAME	***			11.	4. MOTHER'S MAIDEN N						
-)	-	Thomas H.					Eliza I	S. Tra					
		, no, or unknown)	ER IN U.S. ARMED FO (If yes, give wor or doles of				DRMANT	0-7:	Address	M7	a w .7		
		No	No		Unknown	Ar	hur Spicer	GOTO	ien Hill,	магул	,		
			TH {Enter only one cau TH WAS CAUSED BY:	rse per line	for (a), (b), and (c).]						ONSET A	AND DEATH	
		PARI I. USAI	IMMEDIATE CAUSE (o)	_Dr	<u>owning</u>						Ir	ısta	nt_
, ,		, V	DUE TO										
34		Conditions, If an gove rise to immed									-		
		(o), stating the u	underlying DUE TO										
	7	COULD TOST.	(c)		ONTR BUTING TO DEATH B	IT NO	DELATED TO THE TERM	MAIDISEAS	E CONDITION GIVE	N IN PART	1/01/19	WAS ALL	TOPSY
5	CATION	FART II, OIII	IER SIGNAITICANT CON	21110,13	ONLIN BOMING TO BEATING	01140	ALLAND TO THE TERM	MARRIGING	E CONDITION SITE	HHTM		PERFORM	VEDS
(, z	FIC	200. EXTERNAL CAU	ISE WAS 20	b. DESCRI	BE HOW INJURY OCCURREN). (Ente	r noture of injury in Part	Lor Part II	of item 16.)		16.	י וברי	40 LJ
	CERTIFI	PRIMARY OF CONCAUSE OF DEATH.	STRIBUTING		ran into				0. 1.0111 10.3				
	CAL	20c. TIME OF INJUI	RY Month, Day, Yes	or 20d.	INJURY OCCURRED 20e.	PLACE	OF INJURY (Home, form	, 20f. (Cit	y or town)	(Coun	ity)	-	(State)
7	MEDI	10:45p.m.	11/18/50	Whi (a) w			atreet, office bldg., etc. ass Creek		Golden	H437	dr.	or.	Md.
	-		nat I took charge		remains described o				nspection ,	Inquiry	-	and fir	
			from: Natural						ndetermined co	-			
			(/					_					
		ACTUAL SIGNATURE	men	22	and l		A.D. CHIEF MEDICAL EX	AMINER [1		1	DATE SIG	NED
			7 1	7.5	7		ASSISTANT MEDIC	AL EXAMINE		, ,			
N _B *		EXAMINER'S NAME (Type)	Dr. John	Mace	Jr.		DEPUTY MEDICAL I	EXAMINER	<u>n</u> 11.	/20/	59		
	220	BURIAL CREMATIO	N, 22b. DATE THEREC		22c. NAME OF CEMETERY				TION (City, town, or		21	[Stote]	,
		BUTY LESpecify)		9	Grace Chur	ch (1	tlors Isl			Lanc	1.
	23.	FUNERAL DIRECTOR			ADDRESS			D BY REGIS					
		Le Compte	e Funeral S	ervi	ce Cambridge,	Ma	ryland own !	10'59	Clasting	8 Km	us		





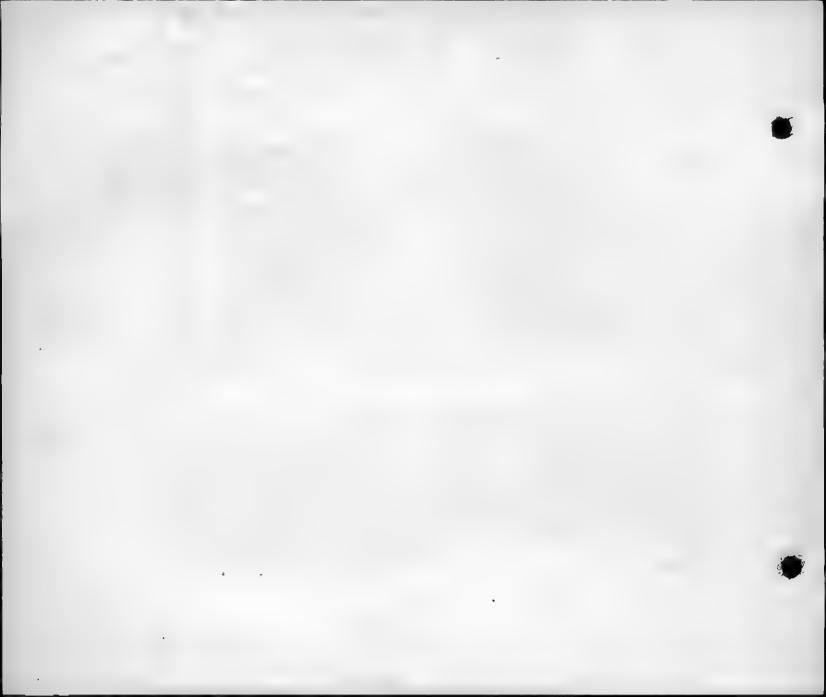
TENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours after death. Page 4

CERTIFICATE OF DEATH

12506

L		LAU.	LW	921(11114	-	- OI DEAII			Reg. Dist.	No.
1,	PLACE OF DEATH o. COUNTY	Dorchester		MARYLAND	2	USUAL RESIDENCE (Who o. STATE		b COUNTY	on: Residence Dorch	
	RURAL and give	(If outside corporate limi		c. LENGTH OF STAY IN 16	*44	c. CITY OR TOWN (IF o		prote limits, write R	URAL and give	neorest fown)
	d NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, g "Cambridge="	eryl	and Hospitel		d. STREET ADDRESS 214 Ge	y Str	eet		e 15 RESIDENCE ON A FARM? YES NO 1
3.	NAME OF DECEASED (Type or print)	Bess	st	Middle Meekins		Mene mare	4. DATE OF DEATH	November		Day Year 9 19
	Fenale	White	WIDOW		N	ate of Birth ovember 27,1	1876	9 AGE (In years lost birthday) SQ yrs	IF UNDER 1 Y	YEAR IF UNDER 24 HRS
10	during most of w	TION (Give kind of work orking life, even if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY	James Tel			12 CITIZE	N OF WHAT COUNTR
13.	FATHER'S NAME				14	. MOTHER'S MAIDEN N	AME			
L		Daniel R. Me	ekin	E		Sarah Ann	Magu:	ire		
15.	is, no, or unknown)	VER IN U. S. ARMED FOR	ervice)	`		RMANT 5 Elsie McNs	ını ra	Add 214 Gay		.C. abridge
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		erebral thr	omb	osis				INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if gove rise to couse (a), statin	ony, which (b) immediate DUE TO		rterioscler	osi	S				?
ATION	Part II. C			CONTRIBUTING TO DEATH BL	T NOT	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1	o) 19 WAS AUTOPSY PERFORMED? YES NO 10
CERTIFICATION	200. ACCIDENT S OR CONTRIBUTION (IF EITHER, NOTIL	VAS UNDERLYING ING COLOUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter noture of injury in P	ort 1 or Por	t II of item 18.)		I IS NO ES
MEDICAL	20c. TIME OF INJ Hour o. m p. m	10	While	NJURY OCCURRED 20e. F Not while k at work	LACE oclory,	OF INJURY (Home, form, street, office bldg., etc.)	20f. (Cit)	or tawn)	(Cou	nty) (State)
	21. I certify olive on	that I attended the		ed from 1/1/55		curred of 10-22	_tM, from	n the causes a treet, city or town.	nd on the state)	t sow the deceosed date stated above DATE SIGNI
	PHYSICIAN'S NAME (Type)	John Mace								
	REMOVAL (Special	. 2.6:207		22c. NAME OF CEMETERY (Ce	meterv	_	TION (City, town, o	or county)	(Stole)
23	SUNERAL DIRECTO	The K. 3	lior	ADDRESS Cambri	dge	1.6/3 240. REC'D		TRAR 246 REGIS	TRAR'S SIGN	

TO HOSPITAL OF VS A15 (4) 15M 10/57



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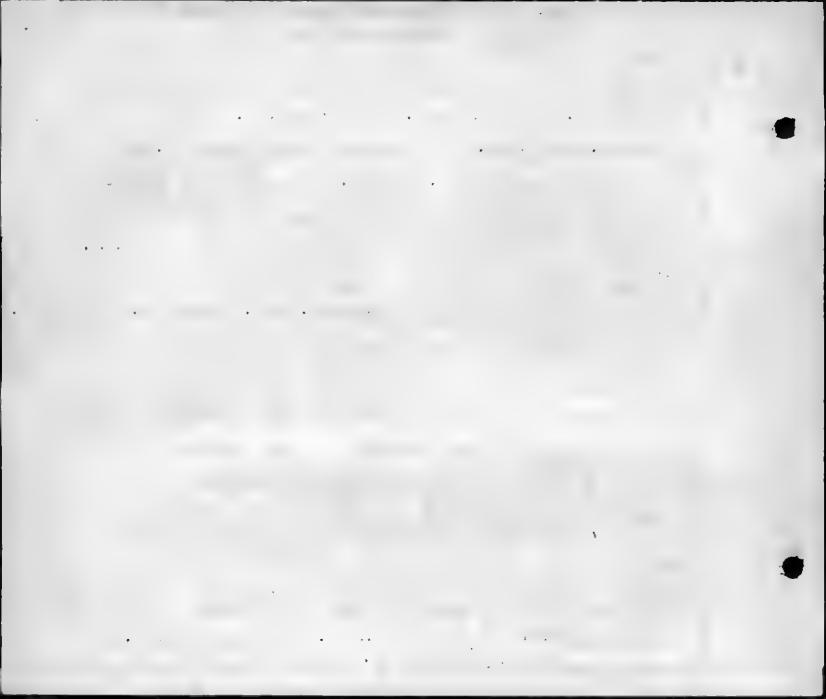
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		125	515	CERT	IFIC.	ATE OF	DEATH			R	eg. Dist.		~DU	1 6
١.	PLACE OF DEATH						SIDENCE (Who	ere deceased			Residence	before adı	mission)	
	o. county Dorchest	er		MAR	YLAND	a. STATE	Marvla	nđ	b. COI		Dorch	ester		
_	b. CITY OR TOWN (IF	outside carparate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY O	R TOWN (If ou		rote limits, w					
	Cambridge			10 years	4	13 Com	bridge	. Md.						
_	d. NAME OF HOSPITA		give street (2 6	, d. STREET		a_POLA_				e. IS	RESIDENC	E
	OR INSTITUTION	st. Appelb	v. Av			15	0 704	8	172	۸			A FARM	
3	NAME OF		nt et	Middl			8 East	Appe 4. DATE	T DV	AVE.			Yeor	
	DECEASED (Type or print)			71			1291	OF DEATH		Month		Day		
	SEX		ssie	IED NEVER MARR		B. DATE OF BIL	Tu		9. AGE (In	11F	UNDER 1 Y	EAPLIE III	19 5	
-	LIMB ALL			_					lost birthi	day) M	onths Do			
10.	Female	White	WIDOWE				880		9 79	УľЪ				
IVC	USUAL OCCUPATIO during most of worki	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11 BIRTH	PLACE (Stote o	or toreign co	ountry)		12 CITIZE	N OF WH	IAT COUN	ITRY
	lousewife_			Housewife			rginia				U.	S.A.		
13.	FATHER'S NAME					14. MOTHER	'S MAIDEN N	AME						
	Peter Hed	dinger					Betty	Jones						
	WAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL SECURITY N	0. 17. 1	NFORMANT				Address				
N(, ,	NO	l l	Unknown	Mr	s. Newn	an. 15	8 E. A	annelh	v. At	ve. C	ambri	dee.	=14
-		TH [Enter only one co								-		INTERVAL	BETWEEN	
	PART I. DEAT	H WAS CAUSED BY		ARC/NOM	A	OF B	LADD	E 0	T ME	27463			MD DEATI	
	151.0	IMMEDIATE CAUSE (c		KC/KU/		1//	-14 0 9	- 1		. 3 3 1,00	744		,,,,,,,	3.
	Conditions, if an	77.	•											
	gove rise to im	mediate	· <u> </u>					-					_	
	cosse (o), stating t	he under-)											
z	lying couse lost.		r)	CALIFORNIA TO D	C 4 314 D14 3	LIOT BELLTER	PA TINE TERMINI					.120	C	
ATION OF	PARI II. OJH	ER SIGNIFICANT CON	ADILION2 C	ONIKIBUTING TO D	EAIR BUI	NOI KELATED	IO THE TERMIN	ANT DISEASE	CONDITIO	N GIVEN	IN PART IE		REORMED?	?
ర్జ			1									YES	□_NO[
E	20a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature	of injury in P	ort I or Port	I of item 1	3.)				
Ü,]													
Š	20c. TIME OF INJURY	Month, Doy, Ye		JURY OCCURRED	20e. FL	ACE OF INJURY clory, street, off	Home, form,	20f. (City	or town)		(Cou	nly)	{Sta	ate)
MEDI	p, m,	19	While of worl	k of while				1						
	21. I certify the	at I attended the	deceas	ed from 81	22/	55.19	to	11/18	19	25 11	hat I las	t cow ti	a dace	ntor
	alive on//	110		3, and the	t dooth			7	,					
	diffe on	- <i>f-</i>	1	L_Z, and me	n dediii	i occomed d			real, city or I			date 216	DATE SIG	
	ACTUAL	Whit R.	In	ara ename			136	RAC		_	-,	11	1/20/	13
	SIGNATURE	1	***	0		M.D		12.17.5	7-7-1					27
	PHYSICIAN'S A	LERED	0	MARYE	NOI	/	6	AM	BR	106	F	1	4D	
22,	BURIAL CREMATION		OF.	22c NAME OF CE		To also with the size also also						7		
-46	REMOVAL [Specify]					۲			TION (City, to		ounty]	(\$	itote)	
22	Burial	11/26/	59 .	Nationa Appress	al Me	m.,Park			ls Chu		Va.	THE		
	FUNERAL DIRECTOR'S				no l	Md.		BY REGIST			AR'S SIGN			
	La Camata I	Serganif	TVICE	Camprid	8 5) ^		DATE N	UVSU	22	0000	1 200			

Le Compte Funeral Service, Cambridge, Md.

may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by contraction in the contraction and contraction and contraction in the contraction and contraction are so the burial-transit permit. Then please remaye carbon papers. Pages 3 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 bours offer death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL O





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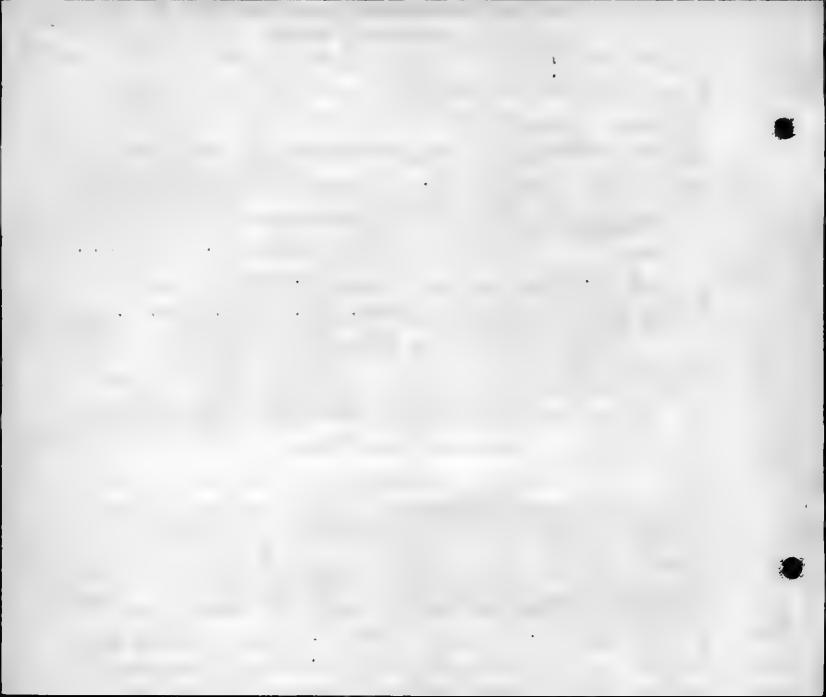
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12509

<u> </u>	1252	7	CERTIFI	CA	IE OF DEAT	п		Reg. E	Dist. No.		
. PLACE OF DEATH o. COUNTY	chester		MARYLAN	11	2. USUAL RESIDENCE (V o. STATE		d lived. If instituti b. COUNTY				on)
	If outside corporate lim	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (II		orate limits, write R	URAL on	hesti give neo	rest town)	
Vienha			Life		Vienna						
A M	TAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS					ON A	FARM?
None					None	1			1	E	
DECEASED (Type or print)	file Co	nd :170"	Middle R.	Db	illina	4. DATE OF DEATH	Mon	1h	Day	y Y	ear O ~
. SEX	6. COLOR OR RACE	TV	HED T NEVER MARRIED		DATE OF BIRTH		9. AGE fin years	IF UND	RIYEAR		
26.2		WIDOWE	25	5			lost birthdoy)	Months		Hours	Min.
Male	White		KIND OF BUSINESS OR IN		9/7/1900		59 yrs.	110 6	ITIZEN O	E MARIAT.	* OF A DEPTH
during most of wor	rking life, even if retired	done IVD.	KIND OF BUSINESS OK IT	NDUSII	III, BIKIMPLACE (SIG	e or roreign c	OUNTRY	12. 0	IIIZEN O	r WHAI	LOUNIKE
Farmer			Farmer		Vienna	Marv	and		II S	Δ	
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Edgar	* E. Phill:	ins			Mary V.	Philli	ne				
S. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	17. INF	ORMANT		Add	ress			
Yes, no, or unknown)	(If yes, give war or dates of		Nknown	В.Л.	rs. Guy R.	Duzaaz.	77.5	- 34	,		
	ATH [Enter only one co			101	CHY A	Phillip	os, Vienn	- V	LINITE	RVAL BET	WEENI
	ATH WAS CAUSED BY		ie ioi (o), (o), dillo (c)]		10				ONS	ET AND	DEATH
	IMMEDIATE CAUSE (incille	-61	Le- Vie	<u>cers</u>			7	110	<
1. 1.	DUE TO)									
Conditions, if o		1									
gove rise to i)									
lying couse lost.		:1									
PART II. OT	HER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PA	(RT 1(o) 1	9. WAS A PERFOR YES	
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCL	URRED.	(Enter nature of injury in	n Port I or Por	t II of item 18.)				
20c. TIME OF INJUI	RY Month, Day, Ye	4		e. PLAC	E OF INJURY (Home, for	rm, 20f (City	or town)	,	(County)		(Stole)
Hour o.m.	19	While of wor	Not while k □ ot work □≥	racio	y, street, office bldg., a	uc.)					
21. I certify, j	helf I attended the	deceas	ed from 11/		, 19.7, to	(1/1	19_	,that	l lost so	w the c	lecease
olive on	1.1.19	, 12_,	ond that de	eoth o	ccurred ot	M, from	n the couses o	nd on	the dat	e state	d above
	7/1/24	36	2 11			ADDRESS (S	treet, city or town,	siole)		DA	SIGNE
ACTUAL SIGNATURE		ブズ	- Full	Z M	104	40	CLEST	'.5Y	-	17	2/5
PHYSICIAN'S NAME (Type)	W. H. 1	-A	NKS		CAR	131	106		1-1.4	12×	<u>4</u> 1
20. BURIAL, CREMATIC	ON, 226. DATE THERE)F	22c. NAME OF CEMETER	RY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(Slote	
REMOVAL (Specify Burial	11/3/59		East New	Marl	cet Cem	Eagt	Morr Man	kot	Mari	المحملة	
3. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		24c PF	C'D RY REGIST	TRAR 246 REGI			E	
Le Compte	Funeral S	ervic	e, CAmbridge	, M	aryland have hi	OV 6 '5	9 6	itun S	train	4	



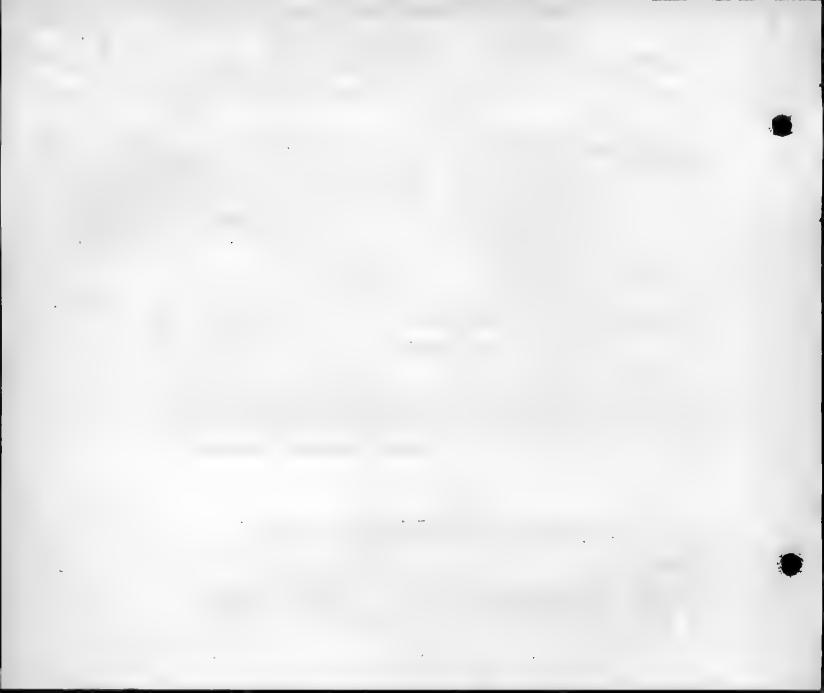
TO HOSPITAL OF

VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH

Ren. Dist. No.

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1		PLACE OF DEATH	Dor	chest	ter mar	YLAND		Maryl		l lived If institu b. COUNT	dion Residence Porc	e before heste	admission) 3 T	
		RURAL ond give neorest town)			12 Hours	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cambridge — Rural.					st fown)		
7		OR INSTITUTION	AL (If not in hospital, g				/d. STREET		.D. #2	2		1	IS RESIDENC ON A FARM YES NO	17
		NAME OF DECEASED (Type or print)	Kermi		Middle Le	roy	Pinde		4. DATE OF DEATH	Novem	ber	22 Day	Yeor 19 59	9
	M	sex lale	6. COLOR OR RACE	WIDOWE	D DIVORCI	EO 🗍	B. DATE OF BIRT	er 28,1		9 AGE (In year los) burthday)	Months		UNDER 24 H	IRS.
	10c		N (Give kind of work ing life, even if retired							Maryla		S.A	WHAT COUP	ATRY"
	13.	FATHER'S NAME					14. MOTHER'S							
		Clarence	Pinder				Bert	tha Mo.	lock					
I	IS.	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of a	ervicel	social security no L6—12—1366		nformant rs. ^K eiti	nit Pin	nder,		ge, Md	., R	.F.D.	
2	JON	Conditions, if or gove rise to in couse (a), stating lying couse last.	mediate (]	CARCINOMA!			O THE TERMIN	NAL DISEASI	E CONDITION G	IVÊN IN PART	1(0) 19.	WAS AUTOP	PSY
	L CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRE), (Enter nature o	of injury in P	art I or Part	If of item 18.)		Y	ES NO	
	MEDICAL	20c, TIME OF INJURY Hour o. m. p. m.	f Month, Day, Yee	While	UURY OCCURRED Not while of work	20e PL	ACE OF INJURY (story, street, offic	(Home, form, e bldg., etc.)	20f (City	or town)	(C	ounty)	{Sto	ote)
,		ACTUAL SIGNATURE	at I attended the 22-59 7	m	ulter	death	accurred at	10:40	AM, from ADDRESS (SI	the causes reet, city or town	and an th	e date	stated ab	ave. GNED
	220	***************************************	Nov.25.19	F	200 NAME OF CEM		R CREMATORY			ION (City, town,	MaryLa	nd, F	R.F.D.	
	23. J		signature Son,		ralsburg,	Mary	land	240. REC'D	BY REGIST	RAR 24b REG	Carthun	NATURE		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12511 12528 **CERTIFICATE OF DEATH** Rea. Dist. No I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Dorchester Co. Marvland Dorchester b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Toddwille. Life Toddville...Md d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NOT None NAME OF Middle Lost 4. DATE Month Year Day DECEASED OF DEATH (Type or print) William O. Robinson 26 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years TEUNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months DIVORCED | WIDOWED | yrs. Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Waterman Toddville, Maryland 14. MOTHER'S MAIDEN NAME Waterman 13. FATHER'S NAME Robinson M. Robinson WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 212-16-3801 Robinson, Toddwille, Maryland, Yes Mr. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DURA IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cotte (a), stating the underlying cause lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part Mor Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while ot work of work 21. I certify that I attended the deceased fram. 19-59, that I last saw the deceased and that death accurred at M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) /20/KO 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DEC 2 59 Colony 2, Transa Burial Zion Church Yard 23. FUNERAL DIRECTOR'S SIGNATURE DATE DEC 2

Le Compte Funeral Service, Cambridge, Md.

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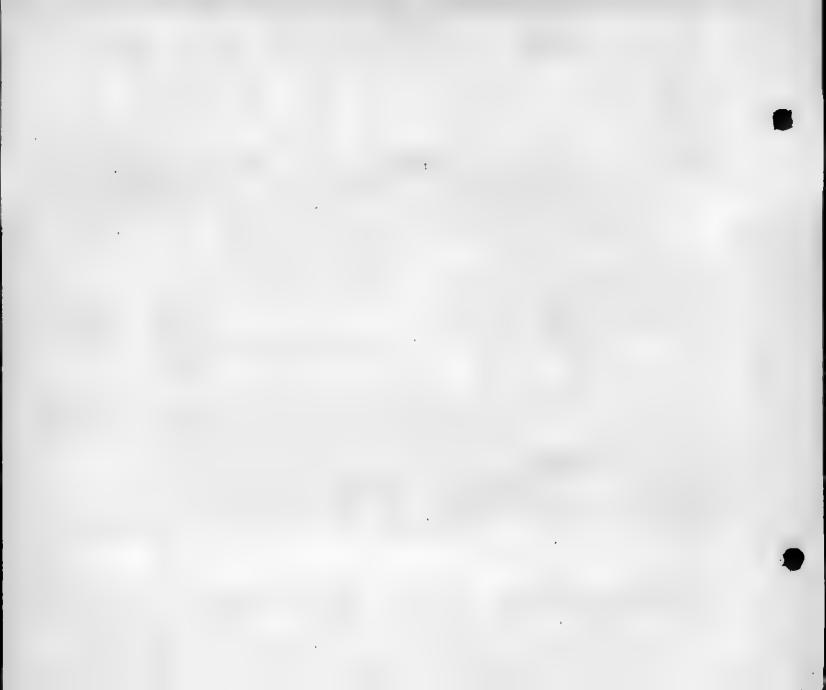
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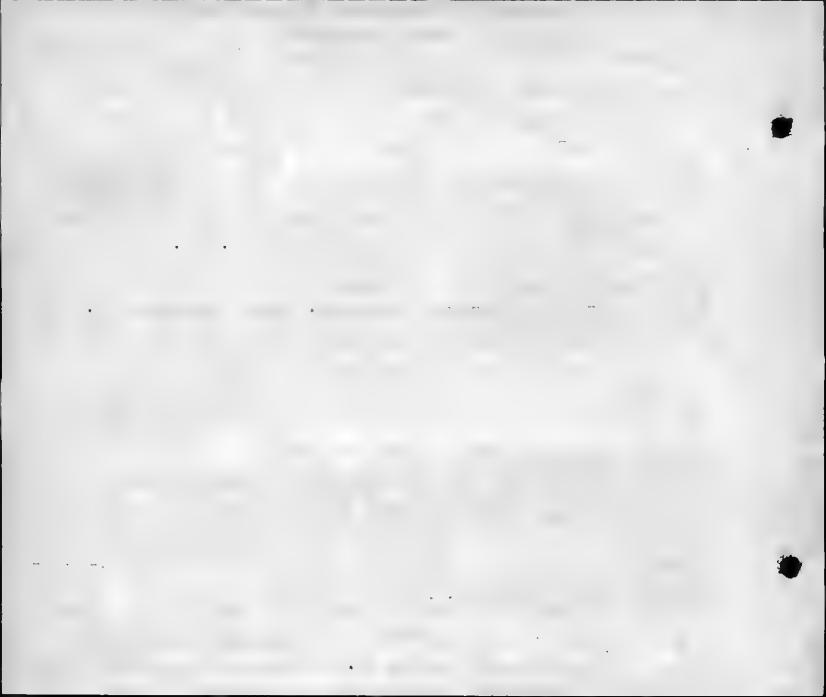
4.4.000						
1. PLACE OF DEATH a. COUNTY DORCHESTER	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYL		d. If institution b. COUNTY	n: Residence be	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate l	imits, write RU		
RURAL - CAMBRIBGE 1 YE	AR	X SECRE	TARY			
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS				e. IS RESIDENCE
EASTERN SHORE STATE HUSP.						YES NO
3. NAME OF DECEASED (Type or print) JOSEPH Frank	Middle 5	HIMEK	4. DATE OF DEATH	Nonl		Doy Yeor 2 19 <i>5</i> 9
5. SEX 6 COLOR OR RACE 7. MARRIED T NEVE	R MARRIED B	. DATE OF BIRTH				AR IF UNDER 24 H
MALE WHITE WIDOWED	DIVORCED	9/48/1883		st birthdoy) 76 yrs	Months Day	s Hours Min
100 USUAL OCCUPATION (Give kind of wark dane 10b KIND OF BU during most af warking life, even if retired) FARMER		RY 11. BIRTHPLACE (Stote of		1)	U. S	OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
JOHN SHIMEK		CATHERII	NE RE	205		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	URITY NO.	HORMANI		Addre	155	
UNKNOWN		OMAS SHIM	EK	ROCK	HALL	, Mo.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b)			rin.		10	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTER	103CLER	ROTIC HEAD	RT DI	SEASL	5 1	UNKNOW
420.0 DUE TO						
Conditions, if any, which) (b)						
gave rise to immediate DUE TO						
lying cause last. (c)						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	PERFORMED?
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED.	(Enter nature of injury in P	art I or Part II a	item 18.)		,
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCU White Not who at work of work of work	ile fact	CE OF INJURY (Home, form, ory, street, office bldg., etc.)		awn)	(Count	(Sto
21. I certify that I attended the deceased from_	AUG. 1	1959 to N	100,2	1959.1	hat I last so	aw the deceas
		accurred at LIYSAI				
			ADDRESS (Street,			DATE SIGN
SIGNATURE GLORGE H hor lang	M	D RFD 2	CAMBR	LOSE,	Mo.	11/2/5
PHYSICIAN'S GEORGE H. LONGL	E Y					
22 DURIAL, CREMATION. 226. DATE THEREOF CHICANAME	CONCERNOR CONCERNOR	Chematory	22d. LOCKSION	celar	county)	Shate!
extensed offector's tenature 6.7 - MODRE	inket,	MAL DATE NO	BY REGISTRAR V 6 '59	1/	TRAR'S SIGNAT	TURE

TO HOSPITAL OF VS A15 (4) 15M 9/58



*			12519 CERTIFICATE OF DEATH Reg. Dist.	No.1 2514
director director		1, 1	PLACE OF DEATH o. COUNTY Dorchester MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence of STATE Maryland Dorchester)	before admission)
Le to		t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town) Cambridge Life Cambridge	
n by should	* 2		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge-Maryland Hospital d. STREET ADDRESS 241 High Street	e IS RESIDENCE ON A FARM? YES NO TO
4 P -			NAME OF DECEASED (Type or print) Nettie Estelle Slater Nov.	Day Year 12. 1959
Po Po		S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. B. DATE OF BIRTH 9 AGE (In yours IF UNDER 1)	TEAR IF UNDER 24 HRS
- A		100		TISA
an a carba		13.	FATHER'S NAME William Slater Mary Kiah	DJA.
death certificat tending physici please remave within 72 havrs			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO 146-18-8584 Emma St. Clair. Cambridge.	Md.
			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
that the a by the a t. Then y event			IMMEDIATE CAUSE (6) COPE OF A L FIGHTOP PRAGE 35/A DUE TO Conditions, if ony, which) (b)	
requires the sign. an signed by notification and in any			gove rise to immediate cotse (a), stating the under-lying couse lost.	
physicia as been ial-trans avai, ar	ò	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19 WAS AUTOPSY PERFORMED? YES NO
IAN: The ending ficate has burn		- 1	20o. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)	
PHYSIC all or att his certi use as smatian,		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour o. m. P. m. 19 of work of work of work 19 of w	inty) (State)
ENDING he haspite R: After I ached far burial, cre	ė		21. I certify that I attended the deceased from November 19 59, to Nov 13, 19 59, that I last alive an	st saw the deceased
0 9 0			ACTUAL SIGNATURE M.D. 227 Pine St-Cambridge, M.	DATE SIGNED
FAL O elgin AL Dis havld ror pr	1		PHYSICIAN'S J. Edwin Fassett, M.D.	
HOSP nay be FUNE oge 3		220	o. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) BURIAL THEREOF 11/17/1959 Waugh Cemetery Cambridge, Mary	(Stote)
YS A15 (4) 15M 9/55	.	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE NOV 2 3 '59 Critical S.	ATURE
1		-		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



12515 CERTIFICATE OF DEATH 19590 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY DORCHESTER . COUNTCHESTER MARYLAND CITY OR TOWN (If autside carporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAMBRED GH 2 DAYS CAMBRIDGE d. NAME OF HOSPITAL (If not in hospital, give street address)
CAMBRIDGE MARYLAND HOSP. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MARYLAND HOSP. HTGH STREET YES NO 131-36 NAME OF First Middle 4. DATE Last Month Day OF DEATH MALLITY SOWERS NOV. 59 (Type or print) 19 6. COLOR OR RACE 7. MARRIED LE L'NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys MALE WHITE WIDOWED T DIVORCED [yrs. Y.TIT. 7 ROR 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
SCHOOL TEACHER CAMBRIDGE HIGH SCHOOL KENTUCKY USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOHN SOWERS MAE RISGUE 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address YES 21h 16 h880 MRS WILLIAM SOWERS CAMBRIDGE ARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 30 hours DUE TO 30 hours Canditians, if any, which ! Profound shock gave rise to immediate DUE TO cattle (a), stating the under-(c) Mesenteric thrombosis 30 hours lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic heart disease with chronic fibrillation YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20f. (City or town) Year (County) (Stote) factory, street, affice bldg., etc.) While Not while of work O. m. 21. I certify that I attended the deceased from 10-30-59, 19, to 11-13-59, 19, that I last saw the deceased ond that death accurred at 9:40AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL 15 Locust Street. Cambridge. Md. 11-14-59 PHYSICIAN'S Eldridge H. Wolff. M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Jown, or county) (State) BREDGVALT (Specify) 16, NOV. CHRIST CHURCH CEMETERY CAMBRIDGE MARYLAND 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LE COMPTE FUNERAL SERVICE CAMBRIDGE MARYLAND

DATELON

director, iled with filed deoth. pluo 22 puo .5 popers. Puo corbon геллоте hours ony burial-tronsit Ö prior Ď. 3 should 급 FUNER pode 0

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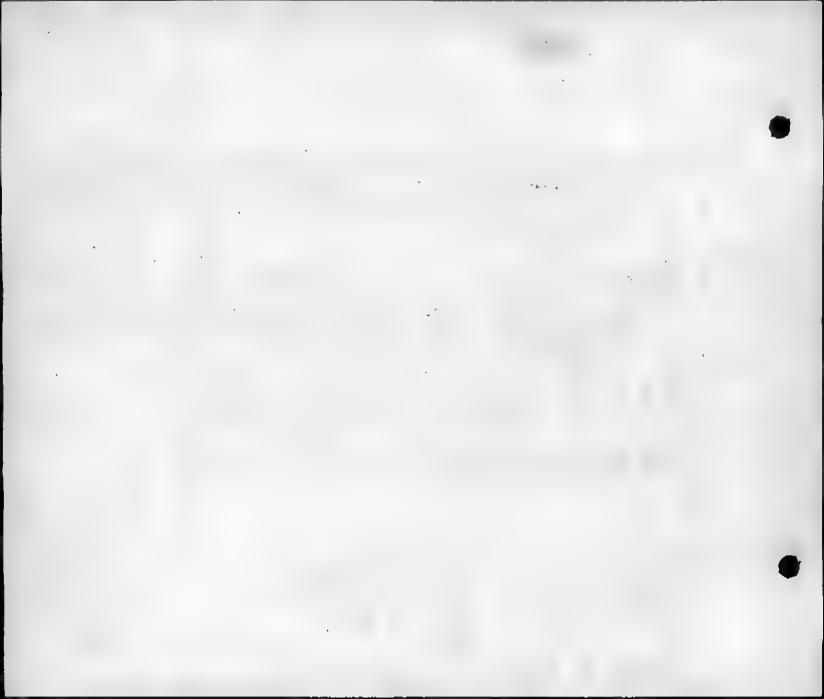
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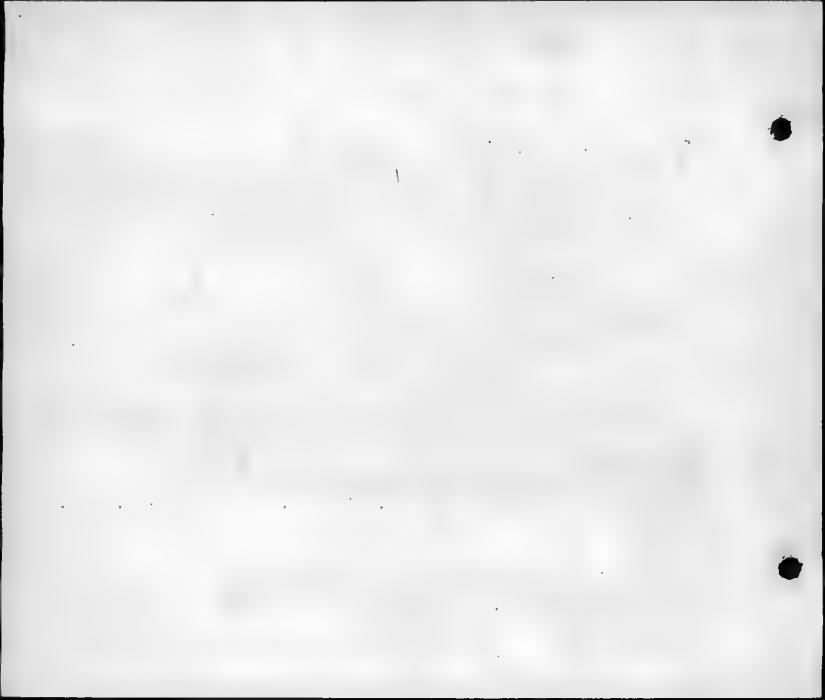
24a REC'D BY REGISTRAR

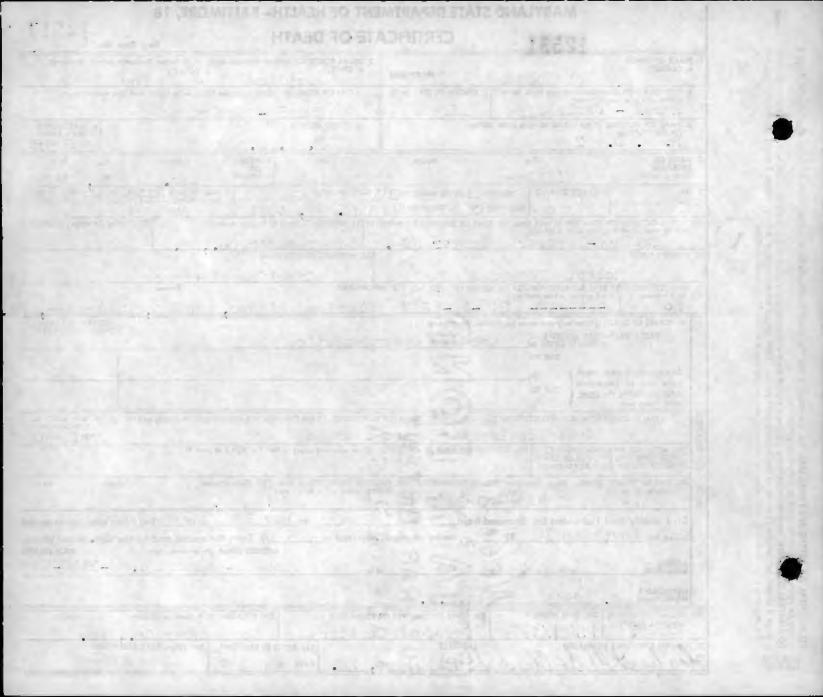
24b. REGISTRAR'S SIGNATURE

A 1 SAAF



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		13657
FOR STATE HEALTH DEPT.		Reg. Dist. No
is a find	1.	PLACE OF DEATH O. COUNTY DOTCHESTER MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before agrission) O. STATE MOY VIOLATED b COUNTY TABOT
Sory, pl	1	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
is seed of 777	C	A. NAME OF HOSPITAL OR INSTITUTION (4 not in hospital, give street oddress) Ambr. 698 Hesp. D.O.A. C. STREET ADDRESS! ON A FARM? YES \[\] NO []
y delay he fund e retain he Stah er deoil		NAME OF DECEASED (Type or print) WILLIAM THOMAS 4. DATE Month Day Year OF DEATH // 25 1959
d 3 to 16 are be a second of the second of t	5. 3	MALE CO WIDOWED DIVORCED 12/6/10 Manths Days Hours Min.
1, 2, ar Page 1 I and hin 72 h	Ĺ	JUSTIAL OCCUPATION (Give Kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) LADOSE DOMESTIC NOTTO CATOLINA U.S.A.
Pages in PM3.		Center's NAME Center Un Rown
I January		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT If you give you of doles of service) Many Smith Dryppe: Ind.
d in		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
tred alor it p		PART I, DEATH WAS CAUSED BY: Hemorrhage Instant
encil in Office ightrans		Conditions, if ony, which (b) Rupture aneurism abdominal aorta
in pold		(a), storing the underlying DUE TO
so comi	Z	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOTTPS. WAS AUTOPSY
iend or English	S.	PERFORMED? YES M NO]
is certificated "p. Mediculd be printly or	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING CONTRIBUTION CONTRIB
NER: The right of to by or to by	MEDICAL	20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 10 (County)) (State) Flour o. m. 11/25 1959 of work of work Rt. 50 Nr. Cambridge Dor. Md.
Pag Pri		21. I certify that I took charge of the remains described above, held an Autapsy X, Inspection , Inquiry , and in my
orded agent,		opinion death resulted from: Natural causes X. Accident . Suicide . Hamicide . Undetermined manner
ol se d		SIGNATURE MD. CHIEF MEDICAL EXAMINER DATE SIGNED
he de be sign		ASSISTANT MEDICAL EXAMINER 11/30/59
NER NER	220	John Hace of M.D.
or it	440	PENOVALISPECIFY 10/0/50 P. 1
5 5	23/	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
DM 2/S7 13 5	1	Corner & Coshiell, Coston, In Q. DEC 10'59 arily S. Kins





CERTIFICATE OF DEATH

12518

	المارية المارية	166	OLIVIII	IOAI	LOIDEA			Reg. Dist	l. No.	
1. PLACE OF DEATH o. COUNTY				- 11	USUAL RESIDENCE	(Where decease	d lived. If instituti	an: Residenc	e before adn	nission)
	Dorches	ster	MARYL	AND	9.4	ryland	B. COUNTY	Dorc	heste	r
b. CITY OR TOWN RURAL ond give	(If outside corporate lim	ls, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN	(If outside corpo	Prote limits, write R	URAL and gi	ive nearest to	own)
	ridge		Life		3 Ca	mbridg	e			
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	ive street			d. STREET ADDRES					RESIDENCE
	chool Hous	se La	ane		14	Schoo	1 House	Lane		NO TO
3. NAME OF DECEASED	Fi	st	Middle		Last	4. DATE OF	Mor	ith	Doy	Yeor
(Type or print)	Chan	es es	E.		Wilson	DEATH	Nov		12.	1959
5. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIE	D 🔲 B. D.	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER I	YEAR IF UN	
Male	Negro	WIDOWI	DIVORCED	M	farch 8.	1888	71 yrs.	Months	Days Hou	rs Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (S	State or foreign o	country)	12. CITI2	ZEN OF WH	AT COUNTRY
Reti	orking life, even if retired red	'	Retired		Dorch	ester (Co. Md.		USA	
13. FATHER'S NAME				14	. MOTHER'S MAID		000 1224		0031	
	Jehu Wi	llson	1			Luve	nia Mol	lock		
15. WAS DECEASED EN	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Add			
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice)		Mr	s. Gret	ha Ada	ms Cami	bridg	e Ma	
	EATH [Enter only one co	use per lis	ne for (a). (b), and (c).)		S. GICO	tia naa	us, cam	AT TAR	INTERVAL	RETWEEN
	EATH WAS CAUSED BY:		Coronar		rt Dise	0.50			ONSET AN	ND DEATH
11501	IMMEDIATE CAUSE (OOL OHAL	y mea	T.C DIBO	250				
4-00.1	DUE TO									
Conditions, if)								
cadse (o), stating	g the under DUE TO	•							1	
lying couse lost	- ' ')								
PART II. O	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19. WA	AS AUTOPSY FORMED?
2									YES	ON O
OR CONTRIBUTION	VAS UNDERLYING A	20b. DES	CRIBE HOW INJURY OF	CURRED. (E	nter noture of injur	y in Port I or Par	rt It of item 18.)			
	Y MEDICAL EXAMINER									
ZOc. TIME OF INJU					OF INJURY (Home, street, office bldg.		y or town)	{Co	ounly)	(Stote)
P. m.	10	While of wor	k at work	100.017	, meet, office blog.	, 416.1				
21. I certify	that I attended the	decens	ed from July	v 26	. 19.58 ta	Nov	12,19,59	that I le	net conve th	a decease
glive on No	ovember 12	10	9 and that		curred at 1					e decease
dive dil		7 '	S, die mor	degin do	corred ot		itreet, city or town,		e date sto	DATE SIGNE
ACTUAL	YEVM	AS 1	w.	7.3	227 P		-Cambrid		4 11	-13-5
SIGNATURE	Man 2		- V	M.D.	221 1	THE DO.	- Oction To	50,11		
PHYSICIAN'S NAME (Type)	J. Edwin I	asse	ett, M.D.		:		***************************************			
220. BURIAL, CREMATI	ON, 226. DATE THERE)F	22c. NAME OF CEME	TERY OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)	(5)	tole)
REMOVAL (Specif	11/14/	959	Fork N	eck C	emeterv		rchester	-	ntv.	Md.
23. FUNERAL DIRECTO		0.1	ADDRESS			REC'D BY REGIS		STRAR'S SIGI		
2612 1. 120		P118	Lan	2	2/2	NOVER		-ILua 9	House	

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained to the haspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the filed with the property of the page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. the registrar prior to burial, cremation, or removal, and in any event within 72 hours after deeth. TO HOSPITAL

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New York and the	100000000000000000000000000000000000000		100 4 10 10 and 4 5 and